

L12000092613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400265722364

10/29/14--01002--006 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC -3 AM 30 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DEC - 5 2014

T CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2014

CORPORATE ACCESS, INC.  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303

SUBJECT: REHABILITATION AND PAIN MANAGEMENT, LLC  
Ref. Number: L12000092613

We have received your document for REHABILITATION AND PAIN MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P04000083423 (THE STRAP INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill  
Registration Specialist II

Letter Number: 314A00023120

2014 DEC -3 AM 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CORRECTED

2014 DEC -3 PM 2:54  
TO AGENCY OF  
SUFFICIENCY OF FILING

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

10-29-14

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

Amendment

1.

Rehabilitation and Pain Management, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

FILED  
2014 DEC -3 AM 11:56  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REHABILITATION AND PAIN MANAGEMENT, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Lori A. Jackson

Contact Person

Strong & Hanni

Firm/Company

9350 South 150 East

Address

Sandy, UT 84070

City, State and Zip Code

ljackson@strongandhanni.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori A. Jackson

at (801) 532-7080

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E106 (07/14)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2014 DEC -3 AM 8:56

2014 DEC -3

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

2014 DEC -3 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

REHABILITATION AND PAIN MANAGEMENT, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

STRAPS, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

on December 2, 2014 (Enter state, or if a non-U.S. entity, the name of the country)

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: December 3, 2014  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

2014 DEC -3 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 28 Old Rudnick Lane  
Dover, DE 19901

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 1st day of December, 2014

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Aditya Humad Title: President and CFO KIC Management Group, Inc, its Manager

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)